

Tigard Senior Center APPLICATION FOR ALCOHOL PERMIT

This form must be completed in its entirety when any type of alcohol is being served at an event you are having. Please turn this in at the time you submit your Application for Room Use. In addition, a \$1,000,000 (one million) host liquor liability endorsement, naming the City of Tigard as an additional insured, must be submitted with the application.

Applicant's name: _____

Address: _____

Phone: _____ Type of event: _____

Date of event: _____ Time period of event: _____

Number of people expected to attend: _____

Type of alcohol to be served: _____

Method of supervision: ☐ ID Check ☐ Licensed Pourer ☐ Other, please explain

I understand that a false or misleading answer could result in denial of this application. I certify all information submitted is complete and correct to the best of my knowledge. I agree to adhere to the guidelines outlined in the "Tigard Senior Center Building Use Policy."

Applicant's Signature: _____ Date: _____